

Bureau of Developmental Services: He-M 1201
Area Agency Instructions for Completion of Form 1201-C

This form is required by He-M 1201-Administration of Medications in Developmental Services Programs. It is to be completed by area agencies and sent to the Medication Committee two times per year pursuant to He-M 1201.11.

The form is designed to generate summary statements regarding the area agency's oversight of healthcare coordination and safe medication administration. The information entered onto the form will be generated through compilation of all the Form 1201-B's submitted by the provider agencies. If the area agency provides services through its own entity, the intent is for the B form to be completed by a programmatic/supervisory position within the agency.

Please read the following instructions carefully before filling out the form and please complete all items. **Indicate "0", "none" or "N/A" when applicable.**

Please do not leave any item or sections blank.

1. **Area Agency Name and Address:** Enter the name and address of the area agency. Please include a contact name, phone number, and email address.
2. **Number of Certified Programs by Type:** Please indicate the number of certified programs by certification type.
3. **Number of psychotropic medications prescribed:** Enter the total number of psychotropic medications prescribed (extrapolated) within each provider agency and/or area agency entity by adding the total prescribed from all 1201-B Forms.
4. **Number of individuals identified to be in frail health.** Enter the number of individuals living who are receiving certified services and considered to be in frail health from all 1201 B Forms.
5. **Number of individuals on four or more psychotropic medications.** Enter the number of individuals who are receiving four or more psychotropic medications from all 1201 B Forms.
6. **Number of individuals receiving medication from authorized providers:** Enter the number of individuals who are receiving certified services and have medications administered to them by licensed or authorized staff from all 1201 B Forms.
7. **Number of medication errors that resulted in medical treatment (DD):** An error that may have contributed to or resulted in temporary harm to the individual with developmental disability and required intervention beyond advice.
8. **Number of medication errors that resulted in medical treatment (ABD):** An error that may have contributed to or resulted in temporary harm to the individual with acquired brain disorder and required intervention beyond advice.

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9. **Summarize medication errors.** Enter the total number of medication errors by class (wrong med, wrong, time, etc.) by adding from all 1201 B Forms and then add those numbers for **Total Errors**.

Total number of doses administered: Enter the total number of doses administered within each provider agency by adding the total doses administered for all 1201-B Forms.

Error to dosage ratio. Divide the number of errors by the number of doses.

Total number of He-M 1201 authorized providers: Indicate the number of providers who are presently authorized to administer medications within each provider agency.

10. **Positive Regional Trends.** Please note trends in improvements of health oversight and medication administration practices for individuals.
11. **Negative Regional Trends and Corrective Actions.** Please indicate patterns of problems identified in the 1201 A and B reports along with actions to correct or prevent reoccurrence.
12. **Significant Changes in Individuals' Health Status.** Please comment on individuals who have been identified to be in frail health, including changes in functional abilities and how supports have been increased to meet those needs.
13. **Oversight of Entity-specific Issues.** Please comment on actions taken regarding oversight and monitoring of subcontracted entities within the area agency that provide direct services to individuals.
14. **Quality Improvement Initiatives.** Please indicate which quality improvement plans are being enacted.
15. **Pattern of Non-Compliance.** Please comment on any patterns of non-compliance reported on 1201A and B forms along with plans of action to correct situations.
16. **Please sign and date in either black or blue ink.** Electronic signatures cannot be accepted on 1201 Forms at this time.

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Summary of Number and Type of Medication Occurrences for this Area Agency
Total the number by type of medication administration errors by utilizing the data provided on the 1201-A and B forms.
Significant Changes to Individuals' Health Status and Actions Taken
Please describe significant health changes individuals have experienced and actions taken by the area agency to ensure individual's health care needs are met.
Identified Trends and Summary of the Area Agency's Corrective Action Plan
Please read the 1201A and B Reports to identify any trends in medication administration errors and general trends noted regarding individuals' health status.
Patterns of Non-compliance, if any, and Corrective Action
Please comment on any patterns of non-compliance identified by the Nurse Trainers and provider agencies and include the area agency's plan of correction.
Area Agency Plan for Monitoring, Oversight and Quality Improvement
Summarize the area agency's plan for ensuring that the corrective actions taken by the Nurse Trainers and provider agencies are appropriate and designed to address trends/systemic issues or breaches in medication administration systems such that individuals' risk for future errors is minimized or eliminated. Also summarize the area agency's plan for healthcare oversight.
Positive Trends or Other Concerns
Please identify any initiatives or proactive measures taken to improve the individual's life or address any other concerns.